

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14738

State File No. 3028
Registrar's No. 86

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 W. Mound St			d. STREET ADDRESS (If rural, give location) 312 W. Mound St		
3. NAME OF DECEASED (Type or Print) EDNA		a. (First) GRACE		c. (Last) GREEN	
4. DATE OF DEATH April 23, 1953		(Month) (Day) (Year)			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Feb 18, 1889	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (City and State or Foreign Country) Newtonia, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. O. Clark		13b. MOTHER'S MAIDEN NAME Sallie Hancock	
14. NAME OF HUSBAND OR WIFE Virgil G. Green		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Virgil Green		ADDRESS 312 W. Mound, Carthage, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic, interstitial (b) Hypertension (c) Encephalomalacia due Hemorrhage Cerebral II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 yrs 10 yrs
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 443x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 30, 1952, to Apr 23, 1953, that I last saw the deceased alive on Apr 23, 1953 and that death occurred at 7:35 p.m., from the causes and on the date stated above.					
23a. SIGNATURE L. H. Wood		(Degree or title) MD		23b. ADDRESS Carthage, Mo	
23c. DATE SIGNED 4-24-53		24a. BURIAL, CREMATION, REMOVAL burial		24b. DATE Apr 26-1953	
24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) Newtonia, Mo			
DATE REC'D BY LOCAL REG. 4-25-53		REGISTRAR'S SIGNATURE L. B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-29-53
Jasper County Health Office

County File Number 53-4-366

Date Filed 4-29-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Robert H. Krell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.